

Notification of Medication Reimbursement Policy Change

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of an important change to our medication reimbursement policy that will take effect on [Effective Date].

This change is aimed at improving our services and ensuring that our policy aligns with current healthcare practices. The key changes are as follows:

- [Change 1: Description]
- [Change 2: Description]
- [Change 3: Description]

We encourage you to review the updated policy in detail, which can be found on our website at [Website Link]. Should you have any questions or require further clarification, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]